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2175  
S15  
Modified PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031  
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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/748,431
		Filing Date	December 26, 2000
		First Named Inventor	Benjamin Thomas SMITH
		Group Art Unit	2175
		Examiner Name	Tony Mahmoudi
Total Number of Pages in This Submission		Attorney Docket Number	Google-7 (GP-015-91-00-US)

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____  Remarks _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Postcard Receipt <input type="checkbox"/> Other Enclosure(s) (please identify below):
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MAY 28 2004

Technology Center 2100

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	John C. Pokotylo (Reg. No. 36,242)
Signature	
Date	May 19, 2004

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:

Typed or printed name	John C. Pokotylo
Signature	
Date	May 19, 2004

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# FEE TRANSMITTAL

## for FY 2004

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 474.00)

Complete if Known

Application Number	09/748,431
Filing Date	December 26, 2000
First Named Inventor	Benjamin Thomas SMITH
Examiner Name	Tony Mahmoudi
Art Unit	2175
Attorney Docket No.	Google-7 (GP-015-91-0001)

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## METHOD OF PAYMENT (check all that apply)

 Check  Credit card  Money Order  Other  None
 Deposit Account:

Deposit Account Number	50-1049
Deposit Account Name	Straub & Pokotylo

The Commissioner is authorized to: (check all that apply)

Charge any underpayment of  Credit any overpayments  
 Charge any additional fee(s) due in connection with the filing submitted herewith  
 Charge fee(s) indicated below, except for the filing fee in the to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
<b>SUBTOTAL (1)</b>		<b>(\$ 00.00)</b>	

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims	35	-32** = 3 X 18.00 = 54.00	
Independent Claims	9	-9** = 0 X 86.00 = 0.00	
Multiple Dependent			

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	**Reissue independent claims over original patent
1205 18	2205 9	**Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2)</b>		<b>(\$ 54.00)</b>

\*\* or number previously paid, if greater. For Reissues, see above

(Complete if applicable)				
Name (Print/Type)	John C. Pokotylo	Registration No. (Attorney/Agent)	36,242	Telephone (732) 542-9070
Signature	<i>John C. Pokotylo</i>		Date	May 19, 2004

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